MAXIMUS Federal Services

Case Number:	CM13-0006551		
Date Assigned:	08/30/2013	Date of Injury:	04/17/2009
Decision Date:	01/03/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/17/2009. The primary diagnosis is a cervical sprain. Treating diagnoses include cervical sprain, lumbar disc displacement, and mild bilateral shoulder impingement. This patient was seen by her treating physician on 06/28/2013 and was noted to have neck and low back pain and discomfort. The patient had paracervical tenderness and spasm with intact range of motion. The treating provider planned aquatic therapy with the rationale that it allowed her to continue to work, and the provider also recommended renewal of Lidoderm patches. An initial physician reviewer concluded that Lidoderm patches are not supported by the guidelines as medically necessary. The reviewer also noted that it was not clear that this patient continued to have functional improvement goals for which aquatic therapy would be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm patches, 3 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, states regarding topical Lidoderm, "Non-neuropathic pain: Not recommended." The

medical records do not provide an alternate rationale as to why this treatment would be indicated in contrast to the guidelines. This request is not medically necessary.

Pool therapy; eight visits for the cervical spine (2X4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The medical records do not provide a rationale as to why this patient requires aquatic rather than land therapy. Moreover, the records do not provide a rationale as to why this patient requires additional supervised rather than independent home rehabilitation.